

**Application Data Sheet****Application Information**

Application number::  
 Filing Date::  
 Application Type:: Regular  
 Subject Matter:: Utility  
 Suggested Classification::  
 Suggested Group Art Unit::  
 CD-ROM or CD-R?: None  
 Number of CD disks::  
 Number of copies of CDs::  
 Sequence submission?:  
 Computer Readable Form (CRF)?:  
 Number of copies of CRF::  
 Title:: Hands-Free Forearm Carrier of Articles  
 Attorney Docket Number:: RRF-001  
 Request for Early Publication?: No  
 Request for Non-Publication?: No  
 Suggested Drawing Figure::  
 Total Drawing Sheets:: 4  
 Small Entity?: Yes  
 Latin Name::  
 Variety denomination name::  
 Petition included?: No  
 Petition Type::  
 Licensed US Govt. Agency::  
 Contract or Grant Numbers:  
 Secrecy Order in Parent Appl.?:

**Applicant Information**

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Rebecca Rachael  
 Family Name:: Frye  
 Name Suffix::  
 City of Residence:: Worcester  
 State or Province of Residence:: MA  
 Country of Residence:: US  
 Street of mailing address: 17 Fourth Street

City of mailing address:: Worcester  
State or Province of  
mailing address: MA  
Country of mailing address:: US  
Postal or Zip Code of  
mailing address:: 01602

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Daniel Clark  
Family Name:: Hartwell  
Name Suffix::  
City of Residence:: Worcester  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address: 17 Fourth Street  
City of mailing address:: Worcester  
State or Province of  
mailing address: MA  
Country of mailing address:: US  
Postal or Zip Code of  
mailing address:: 01602

### **Correspondence Information**

Correspondence Customer  
Number:: 32836  
Name: Guerin & Rodriguez, LLP  
Street of mailing address: 5 Mount Royal Avenue  
Mount Royal Office Park  
City of mailing address: Marlborough  
State or Province of  
mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of  
mailing address:: 01752  
Phone Number:: (508) 303-2003  
Fax Number:: (508) 303-0005  
E-Mail Address:: info@grpatent.com

**Representative Information**

Representative Customer

Number:: 32836

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of  
mailing address::Country of  
mailing address::Postal or Zip Code of  
mailing address::